

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.B.	844	02/19/02
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - ..... (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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